

Project to Improve Independent Medical Examinations
For the State of Washington
Department of Labor and Industries

Chapter 2

Problem Statement

Downloadable Version, Part 4 of 6

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Appendices appear in a separate accompanying volume

Attending Physician Survey

Introduction

The Stakeholder Interview section of this report referenced use of the survey of Attending Physicians (APs) to test two expectations:

1. The attending physician finds IMEs necessary, useful, and accurate (Expectation #4, p.32) and
2. IME's are performed by credible and competent examiners. (Expectation #6, p.33)

This section covers the methodology and findings for the survey of Attending Physicians. The survey questionnaire is included in the accompanying Appendix 4 and a content analysis of the attending physician comments is included in the accompanying Appendix 5.

Survey Methodology

Attending Physicians were identified for those injured workers who were part of the sample drawn for the survey of injured workers. These Attending Physicians became the universe from which the Attending Physician survey sample was drawn.

The survey of injured workers (IW's) was drawn from a sample frame provided by L&I of 32,816 claims with an IME payment code in calendar year 2000. The payment codes did not necessarily indicate that the IME exam occurred in CY 2000, merely that payment did occur in that time frame. The claims had a unique person id that allowed us to identify IW's with multiple claims.

Each claim was assigned to a diagnostic grouping based on the first reported ICD9CM code. The sample was restricted to those IW's with low back soft tissue injuries, shoulder

tissue injuries and carpal tunnel syndrome. There were 7804 claimants in those categories. These claimants were further broken down into two claim complexity categories (low, high) , based on the payment code for their last IME in CY 2000.

About 26% of the claimants were classified as having a low complexity IME, 74% had a more complex IME or multiple examiners.

A random sample of 750 claimants was drawn equally from each injury category. The sample size was determined by budgetary and time constraints. The sampling mechanism was designed to ensure that the sample was representative of the sample frame.

Within each injury category, the sample was drawn proportional to the overall population rate of high complexity vs. low complexity exams (as defined for the purposes of this survey).

Of the 750 claims, 684 were found to have a CY2000 payment code indicating that an IME occurred in that year. (These were the codes for an IME not an exam conducted by the attending physician). Those without a valid CY 2000 payment code were excluded from the survey.

A small percentage of the claimants reported during the survey process that the IME examiner was actually their attending physician. Those claims should have been excluded from the sample and their results were excluded in the preceding analysis.

For the 750 sample claimants, there were 421 distinct attending physicians or physician practices listed in the L&I database.

A survey was mailed to these attending physicians along with a cover letter identifying the claimant(s), claim numbers and date of last CY 2000 IME. They were asked to fax their responses to an 800 number provided for this survey. They were given 1.5 weeks to respond before MedFx contacted them for follow-up.

Approximately 80 of the final 184 responses came back in that initial period. Telephone calls were placed to all the non-responding physicians encouraging them to return the surveys and offering them as an alternative the opportunity to speak to a MedFx physician. Of those that indicated they would respond, all elected to fax back the surveys.

Data collection was terminated after another two weeks. Of the 184 responses, 161 (87.5%) resulted in completed surveys. The remainder either indicated that the AP in question was not available (i.e., moved or retired) or that the AP did not remember the patient.

While the probability of selection of the injured workers was known, the probability of selection of the attending physician could not be calculated. This is because a significant number of the claims had a physician group listed as attending. We have no way of knowing how many physicians in those practices saw how many IW's in CY 2000. Thus the denominator of the probability is inestimable.

Thus for analysis purposes, each response is weighted equally and no inferences to population totals are made. There is some evidence that the sample response is skewed towards APs who see a large number of L&I or self-insured injured workers.

Major Findings For All Responding Physicians

Unless otherwise noted, the estimates provided below are statistically significantly different at the 99% confidence level. In the study population, we estimate that:

1. Slightly more than 93% of the responding physicians recognized the patients for which L&I indicated they were the attending physician (APs) (Q1). About 5% stated they did not know of these patients. Less than 1% did not know or remember and slightly more than 1% said some of the IW's listed in the cover letter were their patients.

2. Slightly less than 55% of APs stated they knew of the IME before it occurred (Q2). About 29% said they did not know about it before and 16% did not remember.
3. Slightly less than 56% said they knew about it after it occurred (Q3). About 28% said they did not know about it after it occurred and about 16% did not remember.
4. About 25% of the responding physicians said that they did not know about the IME either before or after it occurred (Q2 crosstabbed w/Q3).
5. About 60% of these physicians said they see more than 7 L&I or self-insured workers per month (Q12). About 33% see between 2 and 7 IW's per month. Less 7% see 0 to 1 IW's per month.
6. About 49% of the APs said that they see more than one IME per month (Q13). About 51% see 0 to 1 IMEs per month.

Major Findings For Physicians Who Knew About The IME

Unless otherwise noted, the estimates provided below are statistically significantly different at the 99% confidence level. In the study population that knew about IMEs, we estimate that:

7. About 58% said they knew why the IME was ordered (Q4). Less than 37% of the APs stated they did not know why the IME was ordered.
8. More than 70% of APs stated that they did not want to do impairment ratings on their patients themselves (Q5). About 23% said they preferred to do the ratings. About 7% were not sure.
9. About 77% said they received copies of the IMEs findings (Q6). Slightly less than 19% of APs said they did not receive copies of the IME findings. Less than 5% were not sure.
10. Of those that saw the findings (Q7), 76% said they agreed with them. Less than 19% did not agree and less than 5% were not sure.
11. About 75% of the APs said the IME's did not provide new information or perspectives on their patients (Q8). Slightly less than 9% said they gained new

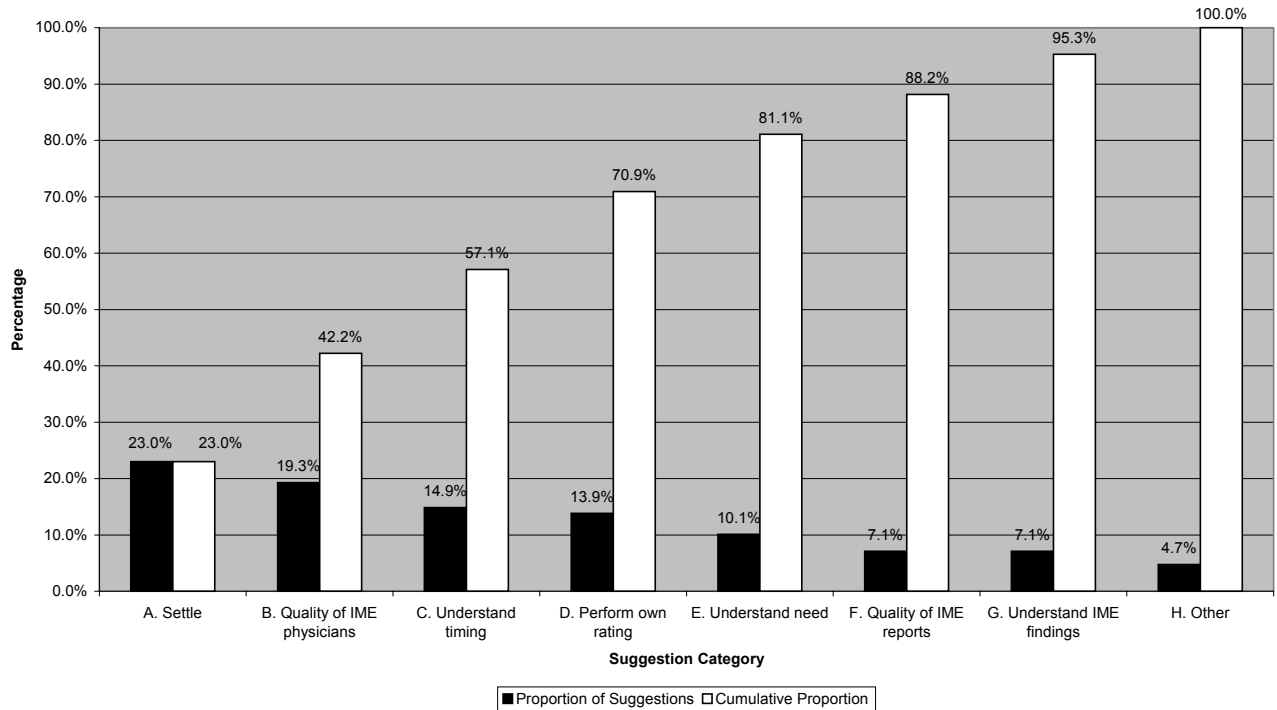
- information or perspective. About 15% said there was some new information or perspective.
12. About 55% of the physicians said their patients did not report any problems with the IME (Q9). About 20% of APs said that their patients reported problems with the IMEs to them. Around 24% did not remember.
 13. About 89% of physicians said the IME did not affect their relationship with their patient (Q10). Slightly more than 8% of APs said the IMEs affected their relationship with their patient. Less than 2% did not remember.
 14. About 72% of the physicians said the IMEs did not impact the timing of the treatment of their patients (Q11). More than 26% of APs said the IMEs impacted the timing of the treatments for their patients. Less than 2% did not remember.

Physician Priorities for Improving the IME process

We asked the question: "If you could change three things about the IME process, what would they be?" The responses in order from most to least frequent are:

- A. Have a better way to settle disagreements with IME findings ('Settle' – mentioned 68 times)
- B. Improve the quality and expertise of IME examiners ('IME Docs' – mentioned 57 times)
- C. Improve my understanding of the timing of IMEs ('Timing' – mentioned 44 times)
- D. I would feel comfortable doing my own rating examinations, resulting in fewer IMEs and allow me to do most PPD ratings on my own patients ('Own Ratings' – mentioned 41 times)
- E. Improve my understanding of the need for IMEs ('Need' – mentioned 30 times)
- F. Improve quality of IME reports ('IME Quality' – mentioned 21 times)
- G. Improve my understanding of IME findings so I could better communicate the IME results to my patients ('Findings' – mentioned 21 times)
- H. Other - see content analysis for list of suggestions ('Other' – mentioned 14 times)

A graphic representation of these results follows.



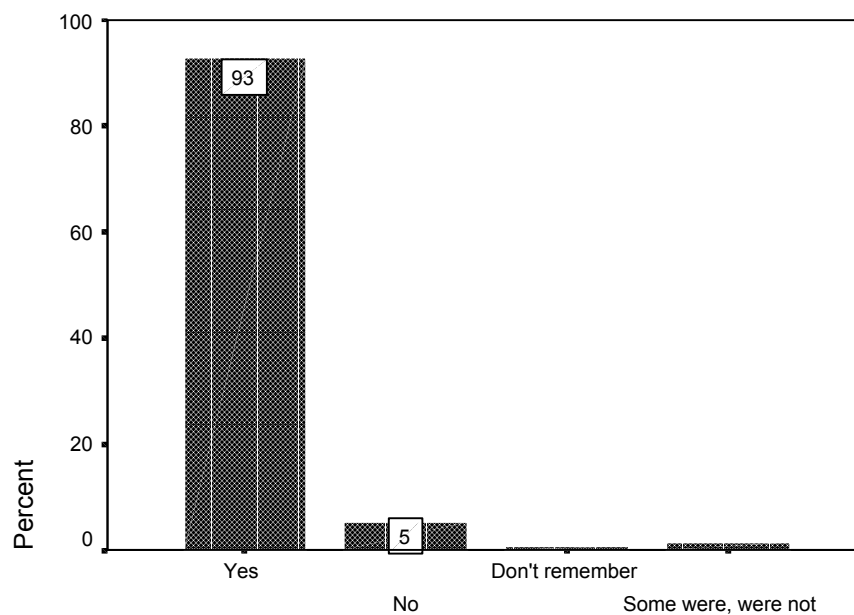
Content Analysis

The accompanying Appendix 5 contains the comments made by attending physicians. They have been grouped by themes and within themes are coded as neutral, positive or negative. A general approach to understanding a survey response is to look up the corresponding theme and examine both the negative and positive comments. This often provides insights into the reasons an AP gave a particular response.

The following pages present the distribution of responses by question. Figures are presented based on a sample of the 161 APs.

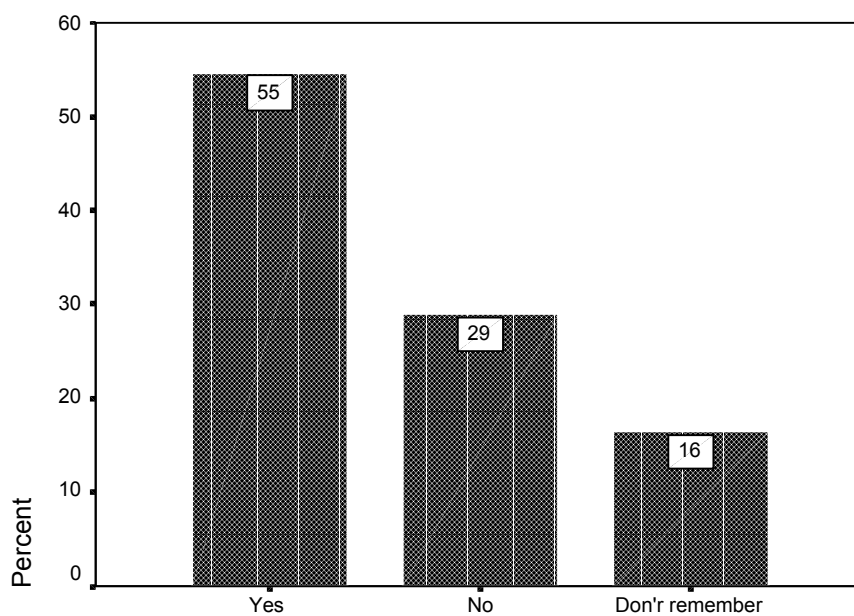
Percent of Attending Physician Responses by Question

Q1: Were you the attending physician for the worker(s) listed in the cover letter as being under your care for a work-related health problem(s)?



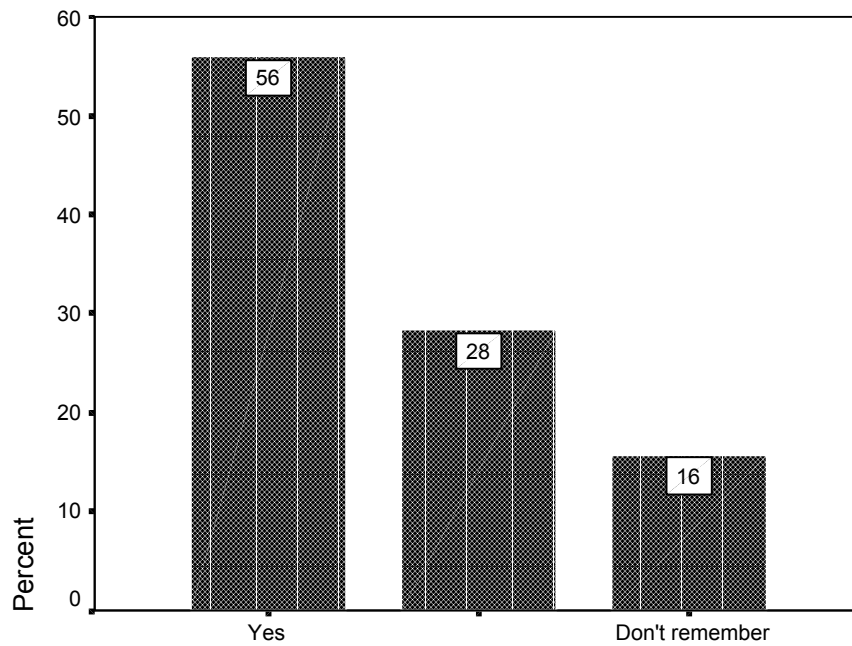
Q1\$

Q2: Were you made aware of the IME(s) before it/they occurred?



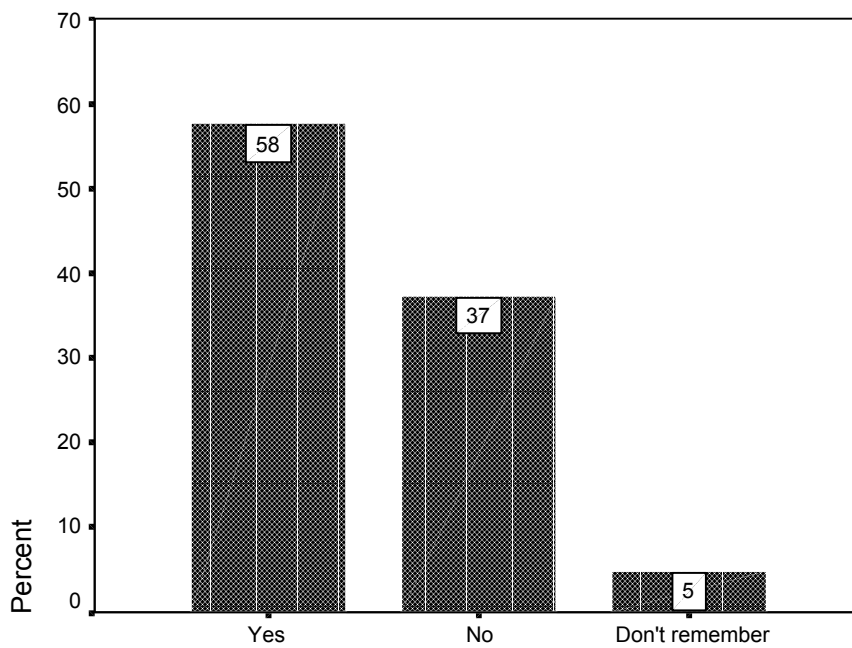
Q2\$

Q3: Did you become aware of the IME(s) after it/they occurred? [If No or Not Sure to both Q2 and Q3, Skip to Q12]



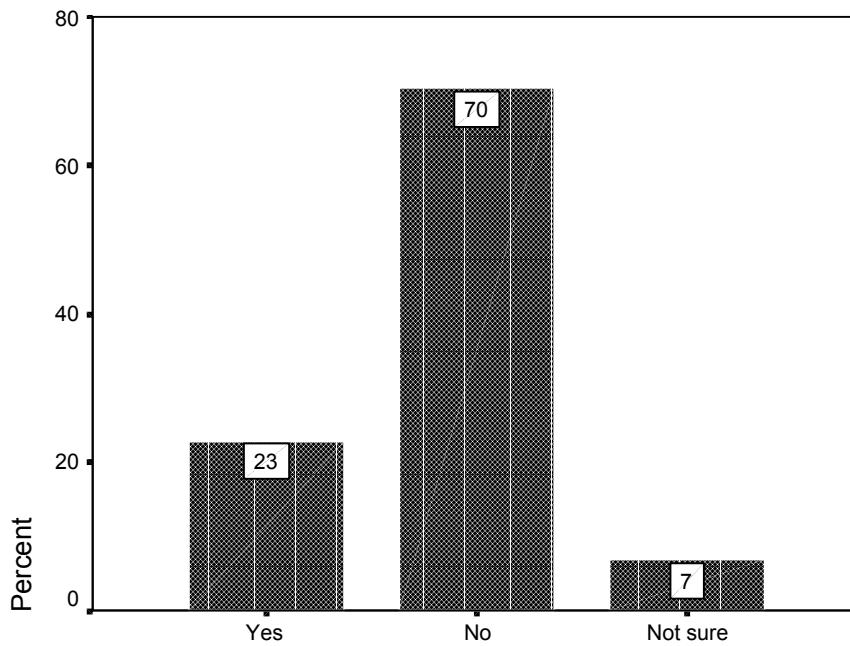
Q3\$

Q4: Do you know why L&I or the self-insured employer ordered the IME(s)?



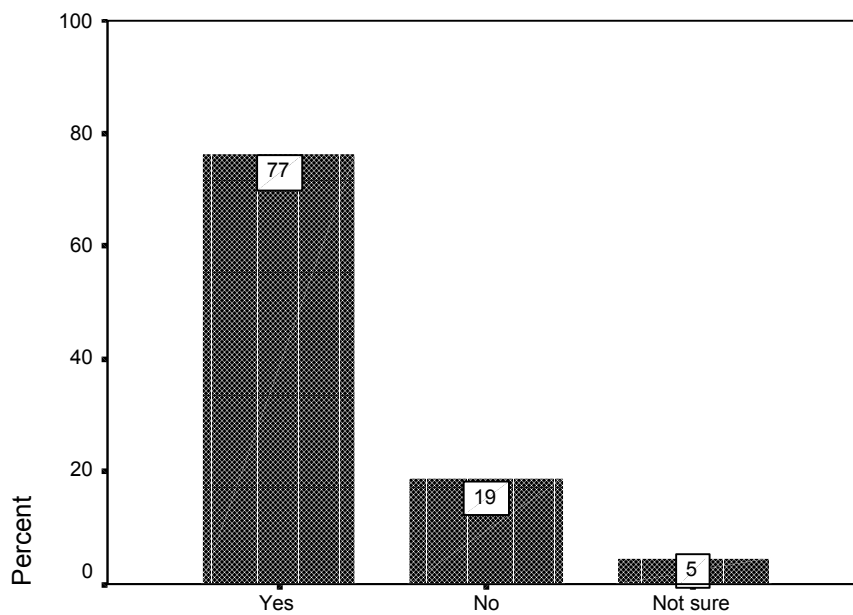
Q4\$

Q5: If the IME(s) was/were ordered to obtain an impairment rating(s), would you have preferred to do the impairment rating(s) yourself?



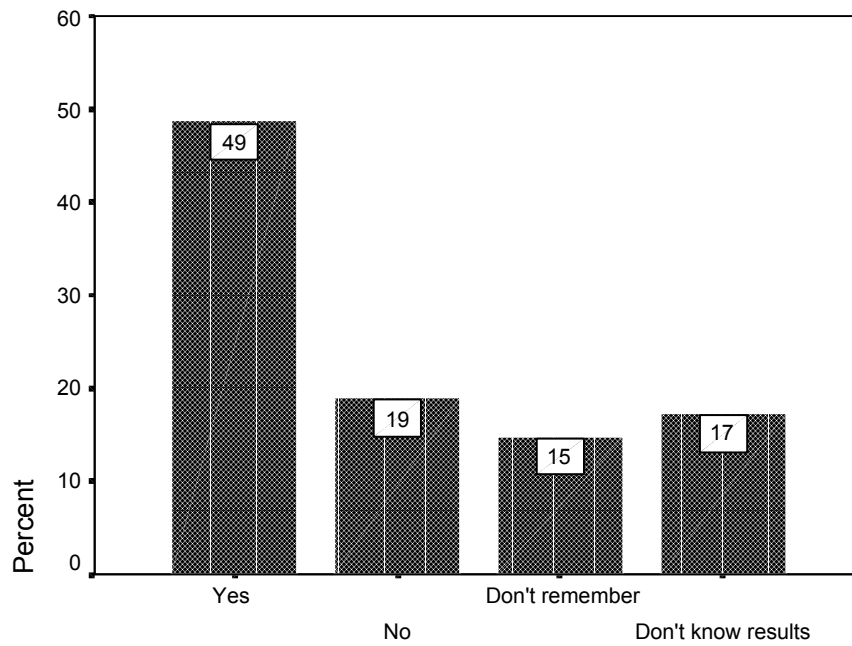
Q5\$

Q6: Did you receive a copy/copies of the IME(s) findings? [If No Skip to Q9]



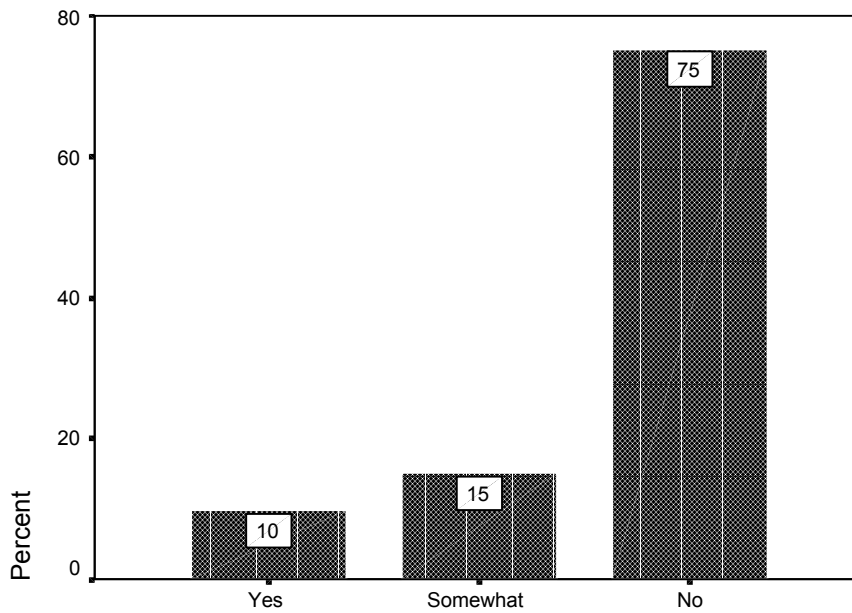
Q6\$

Q7: Did you agree with the findings of the IME(s)?



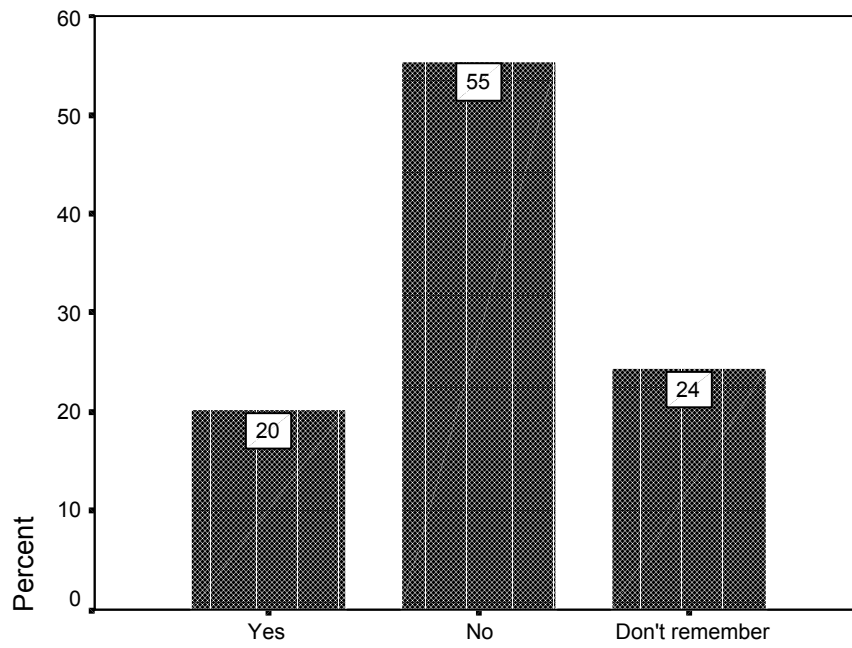
Q7\$

Q8: Did the IME(s) provide new information or perspectives that you could use in planning treatment for your patient(s)?



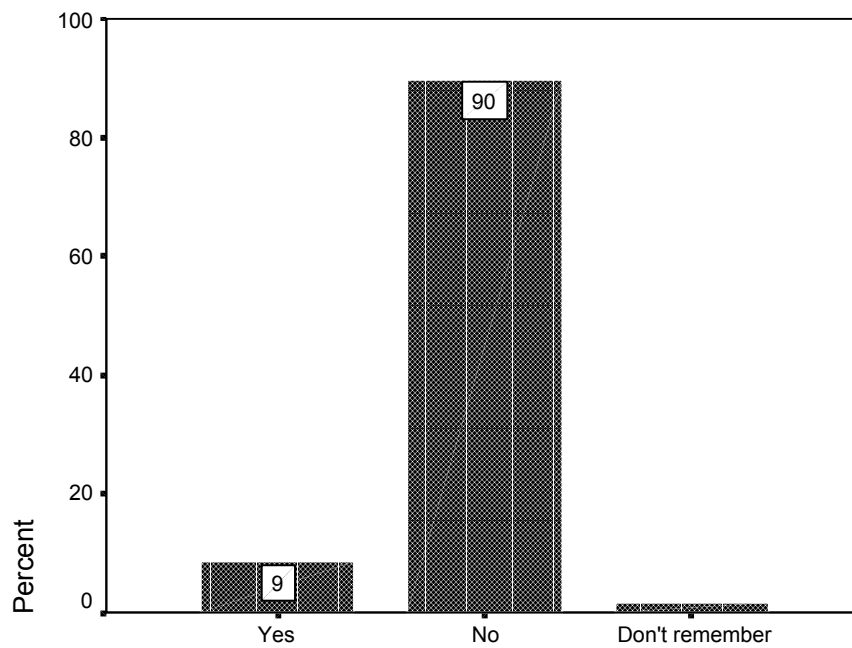
Q8\$

Q9: Did your patient(s) report any problems with the IME(s)?



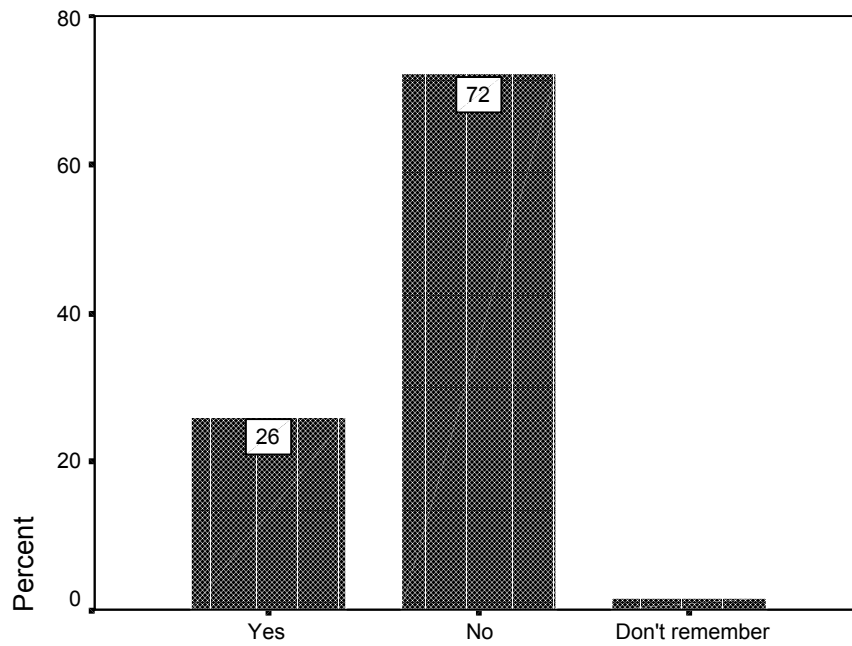
Q9\$

Q10: Did this/these IME(s) affect your relationship with the patient(s)?



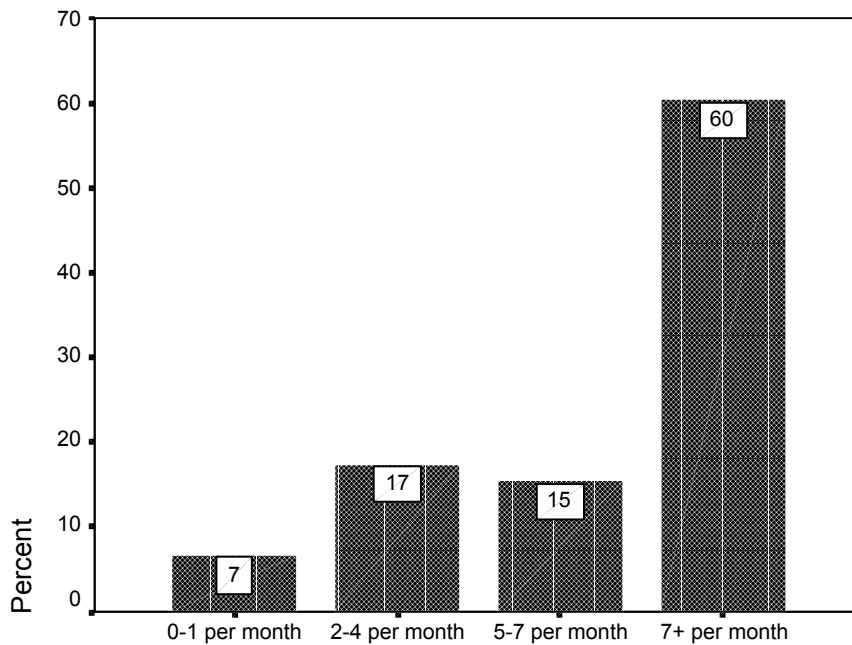
Q10\$

Q11: Did the IME(s) have an impact on the timing of the treatment for your patient(s)?



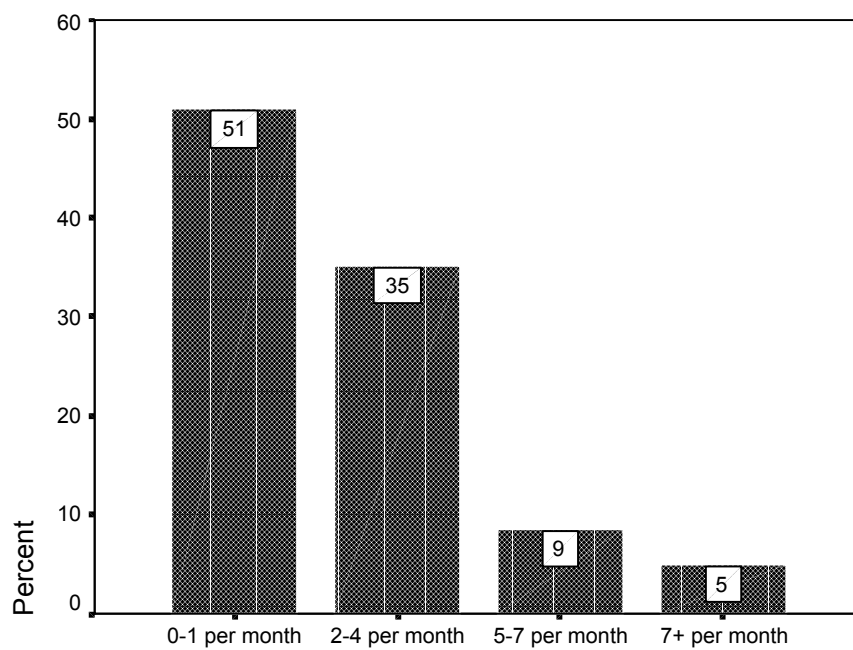
Q11\$

Q12: About how many L&I or self-insured injured workers do you see per month?



Q12\$

Q13: How often does L&I or the self-insured employer order IMEs on your patients?



Q13\$